

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

DEPARTMENT OF ENERGY
PUBLIC MEETING
WORKERS' COMPENSATION INITIATIVE

CIVIC CENTER GRAND PLAZA
JUNE 29, 2000

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I N D E X

SPEAKER

PAGE

HOWARD McCAMPBELL -----	18
JANET WRIGHT -----	20
DAVID POMPA -----	21
DOROTHY BELL -----	24
JOHN BELL -----	24
DOROTHY BELL -----	27
JACK MITCHELL -----	28
DUANE SMITH -----	31
PETE LOPEZ -----	33
BILL HETZLER -----	34
WORKER NUMBER ONE -----	36
JOHNNIE ROBINSON -----	38
DUNCAN SEITZ -----	42
LORETTA HARRISON -----	44
EVELYN LLOYD -----	48
ROBERT GAUNA -----	49
SHELBY PRINCE -----	54
TERESA BITTLE -----	56
DEBORAH MUNDELL -----	56
BRENDA BRITTEN -----	59
HELEN MCGILL -----	64
WELDON RICHARDSON -----	65
THOMAS PATE -----	69
THOMAS PACE -----	74
ROBERT MALONE -----	79
FLOY BAKER -----	80
BILLIE POTEET -----	81
DON MONIAK -----	82
MARTA BROWN -----	89
TED SHUTT -----	90
RICK RICHIE -----	91
ADELAIDE MAYHEW (BY BRENDA BRITTEN) -----	94
ROBERT TOLLEY -----	97
SARAH DWORZACK RAY -----	100
JIM COX -----	102
 REPORTER'S CERTIFICATION -----	 105

MR. GLENN: Good evening. I think we're ready to get started now. I'm Dan Glenn. I'm the Area Manager for the Department of Energy at the Pantex Plant.

I'd like to welcome y'all here this evening. Thank you for taking the time to come out and talk to us on a very important topic that concerns all of us, which is worker health associated with operations at Pantex.

I'd like to introduce the President of the Metal Trades Union Council, Frank George, who will be discussing some of the ground rules and introducing the other distinguished members here.

MR. GEORGE: Well, thanks, Dan. I'm going to apologize for the short delay there, but we

wanted to give everybody a chance to get in and get seated.

I'd like to welcome all of you to this public meeting. Honestly, we do appreciate you being here. There's going to be some very serious issues discussed.

For those of you that don't know me or know what I do, I'm President of the Metal Trades Council, which is the umbrella labor organization at Pantex. We represent 12 separate local unions, all the production and maintenance workers.

4

Our 13th is our International Guard Union of America, and they represent our world-class security force. And I've got to tell you at this point, world class may be an understatement because they just recently won the DOE security police officer competition for the third year in a row, so we do have a world-class security force.

Just to run over a little bit of a historical perspective for you, I think most of you know this, but, you know, Pantex has operated under a cloud of secrecy now for years.

And years ago, we were told that all we could say that we did at Pantex was make soap. Okay? And I know that some of you in this audience remember those days.

Folks, I'm here to tell you that contrary to popular belief, we disassemble and assemble nuclear weapons, so it is serious business.

Clearly, we work with the most hazardous materials known to mankind. Okay? And at the heart of this meeting, we're going to discuss some of those issues.

I have to tell you that the maintenance of the nuclear arsenal, in my opinion, is a big deal.

5

National security means a lot to me. And one could ask the question, you know, is the work we do on nuclear weapons, is it a good thing.

Yes, it is, because without our national security, we lose our freedom, so we do have a mission.

Now, in the same breath, I've got to tell you, let's pray to God we never have to use the nuclear weapons, but let's also recognize that to keep this country safe, we may have to someday. So, under that premise, that's why we do what we do.

Protecting our country and our national security has not been without a significant cost. Currently, we've got some sick workers. Some of our workers from the past have paid with their lives because they're no longer with us.

Clearly, I think the DOE is going to explain to you tonight some of the things they're doing to recognize that and to be held accountable for some of that. And again, we're back to the core of this meeting. Okay?

Again, as most of you know, at Pantex, we have three major categories of concern. We have your full range of hazards. I mean, if you look in the OSHA regulations, we've got just about every hazard you can imagine.

6

More importantly, we've got radiological concerns. We've got the dimethyl deth (phon.) chemical concerns because of all the chemicals we use, and most recently, we've got a huge beryllium concern that has surfaced.

I think at the core of this meeting tonight, you're going to hear a lot of talk about beryllium, and there's a lot of questions and concerns on beryllium. Hopefully, we'll get those addressed.

Somehow or another, I got democratically elected to be the moderator of this meeting, so I have a newfound appreciation for moderating meetings. So if you'll bear with me, we'll run over some of the rules and kind of how we're going to handle this. Okay?

Clearly, our goal tonight is to make this meeting go as smoothly as possible. We recognize that a lot of you have concerns, and we want you to speak. We're going to need your cooperation to do that.

What we're going to start off with is about -- not about, precisely -- six minutes for each speaker. Okay? I get to be the bad guy, that when my little kitchen timer goes off, I'm going to very politely -- if you're in mid-sentence, I'm going to interrupt you and tell you, you know, let's try to make your closing comments.

7

If it's a very passionate issue and we're right in the middle of something, you know, we may allow a little flexibility there, but please recognize that you have people behind you that also want to speak. Okay?

Now, to speak, you need to fill out one of the yellow cards that you noticed back there on the table when you came in. We want to try to ensure that everybody that wants to gets a chance to talk.

DOE has promised me that we're here until the crack of dawn if we need to be. If every person in this room wants to speak and everybody gets six minutes, it doesn't take long to add up. We're going to be here for a while. Okay. We're committed to do that.

If you can make your points quicker than six minutes, please do, recognizing some of your comments will require a DOE response. Okay?

If you have materials or written testimony that you wish to submit, we'll take that too.

We'll also take copies of any medical information, medical records that you possibly want to submit to the DOE. We will not take originals, only copies.

Because the purpose of this meeting is to learn about worker exposures and illnesses, what we want

to do is hear from the current workers and former workers, and possibly retirees, first.

And we'll have some people that are organizing the cards for us, and we'll try to call them up kind of in that order. Okay?

If you're not a worker or family member, and -- you're still going to get a chance to speak, but you're going to have to wait your turn, because we want the current workers and the retirees and former workers to have a chance to talk to DOE as well.

Among the work force, current, former, et cetera, if we have some real sick people or maybe some with real bad disabilities, we want to try to get you up first. Those that have special considerations, we want to take those into account as well.

It was my understanding that we had some people from as far away as Wichita Falls drive in for this meeting. So, clearly, we want to get those people up here to speak in a timely fashion. Okay.

Today's meeting is being taped and transcribed by our court reporter. What you say is important, and it is for the record.

Our meeting transcript will publicly be posted on the web, out on the Internet on the DOE site, for anyone who wants to read what happened here.

I'm going to try to call two people at a time. The first person that I call, of course, is going to be first up. The second person, you're basically on deck. And when the first person finishes, the second person comes up. Pretty simple stuff.

We'll try it -- since I'm union, we're going to take a couple of breaks through this thing, hopefully, in about an hour and a half or so.

Basically, we're going to let our guests determine when we take a break because they have been up since the wee hours of the morning. They flew in from Washington this morning. And so we will try to take some breaks. And not only that, it will give you some relief, let you stand up and move around.

If you have something you want to share, but not publicly, I want to call your attention to a confidential toll-free hot line that's run by the Department of Energy to hear your stories. And I want you to write this number down if you don't -- if you don't already have it.

Okay. There's a toll-free number, and it is 1-877/447-9756. And I'll give you a second and then I'll repeat it. The number again is 1-877/447-9756. Did everybody get it?

UNIDENTIFIED SPEAKER: One more time.

MR. GEORGE: 1-877/447-9756. Okay? This number is available to you for your calls on weekdays until 6:00 p.m. Eastern, which is 5:00 o'clock Texas time. Okay?

There are also confidential questionnaires available that you can fill out here, or if you prefer, you can take them home and then mail them back in.

And if we can't get to every single person that wants to speak today, we promise that if you'll fill out a speaker's card, you'll be personally called and interviewed by Dr. Michaels' staff from Washington. Okay?

So, with that said, without any further delay, it is a great honor for me to present to you the Assistant Secretary for Environment, Safety & Health from the Department of Energy at headquarters, Dr. David Michaels.

Dr. Michaels, I have something for you. It's something small. We're going to make a union guy out of you. That's the Metal Trades lapel button, so welcome to Texas.

DR. MICHAELS: Thank you. Thank you, Frank. I appreciate it. I am a member of the American Federation of Teachers. I'm actually on leave from the

11

University of New York, and I've been a member of the teachers for ten years.

Let me begin by some thank yous. First to thank Frank and the Amarillo Metal Trades Union for inviting me out here.

This is a -- this meeting actually is -- they've sponsored and invited me out here, and I'm very grateful to have the opportunity to come here.

The second thank you to Dan Glenn and the management here at -- DOE management at Amarillo. Among the many roles I have is the Chief Safety Officer of DOE, and I'm very pleased to be out here and seeing some of the progress that Dan's made and the work that's being done here to ensure safety.

It's very important, and Dan's commitment really is very impressive. And I'm very pleased to be out here to see that.

And most of all, let me thank you. I know you're busy people. You have a lot of things to do. To come and devote this evening is, for many of you, a sacrifice, and we're very grateful that you came out to help us in this effort.

The initiative we're here to talk to you about and to listen to your thoughts on began almost two years ago. Secretary Richardson heard from a group of

12

workers in Oak Ridge who believed that they were made sick by exposures at the gaseous diffusion plant in Oak Ridge.

And they said to him, you know, we're sick; what are you going to do about it. And I was just coming on board, actually was confirmed a couple of weeks later. Came to DOE -- my first day on the job, Secretary Richardson said to me, go down to Oak Ridge, listen to the workers down there and tell them I

want to help them. And I did that the next day.

I flew to Oak Ridge and had a small meeting, very much like this, but much smaller, with 12 or 15 workers, which went about six hours. And people told me their stories.

And out of that, I came back to Secretary Richardson and said, we have to do something about this. And he gave me a month to figure it out. Two years later, we'll still working on it.

But essentially, what Secretary Richardson proposed to the administration, and it's taken some time to get, is essentially a program to compensate workers in the nuclear weapons complex, from Hanford and Los Alamos and Amarillo, at Pantex, to Oak Ridge and Savannah River.

If people have occupational illnesses

13

that have been caused by exposure to beryllium, to radiation, to different chemicals, we should make sure they're taken care of.

It's taken a long time to get to this point. I'm very proud we've gotten to this point.

In April -- I'm sure many of you know this -- Secretary of Energy Bill Richardson announced on behalf of the Clinton-Gore administration two things. One, for the first time, the historic acknowledgement that, in fact, we had made people sick in the nuclear weapons complex.

And it may be obvious to some of you who have worked with, as Frank said, the most dangerous chemicals known to man that people may have gotten sick as a result of that, but historically, what the Department of Energy had always done was to deny claims.

If someone came down with beryllium disease or a cancer that might be associated with radiation or asbestos, we felt it was in our best interest, in the Atomic Energy Commission's best interest and the Department of Energy's best interest, to say, no, it couldn't be true.

But then people believed that it would get in the way of our mission, which is protecting the country, building nuclear weapons for the Cold War.

14

Well, the cold war is over. We've won the cold war. We have to make piece with the past.

We spend billions and billions of dollars a year cleaning up the contamination from the cold war. We've acknowledged that we've caused, you know, pollution in several of our sites that really is unimaginable, and we've also recently discovered by looking at all the data, in fact, that we have made people sick.

The other part of the announcement that Secretary Richardson made was that we were going to stop denying claims, we were going to stop fighting them and start helping workers. If workers have legitimate claims for occupational illness, we'd like to help them.

And that's really why we're here.

To get to this point, though, took really a year and a half of discussions within the administration. The National Economic Council, which is a branch of the White House, took upon -- essentially, did a study.

We looked at all the research that was done on workers across the complex, including Pantex. We looked at medical examinations done at many of our sites.

We looked at various reports that had

15

been written and came to the conclusion -- this wasn't just DOE, but the Department of Defense, Department of Justice, everybody who took part -- that yes, there is evidence that we made people sick.

But that wasn't enough. Just knowing we made people sick is scientifically powerful, but it doesn't move anyone.

And we remembered the important lesson that statistics are people with the tears washed off.

We not only looked at the numbers, but we've had a series of meetings like this. In fact, this is the ninth public meeting that I've held around the complex where workers have come forward and told us their stories.

And that's been very powerful to us to help us shape the program, to shape the response, say, what can we do for our workers to make sure they get the proper coverage.

In May, Secretary Richardson opened the Office of Worker Advocacy within the Department of Energy. And our job -- I'm the acting Director of that until we fill -- we're doing a search and that will be filled with a permanent position soon.

But until we've got that person, I'll run it. What we're trying to do is find a way to help

16

workers move through workers' compensation programs in a way that we -- they get help rather than us fighting them.

And in addition, we're working with Congress to pass legislation. And you've probably read about this.

The administration proposed legislation starting a new workers' compensation program for workers exposed to beryllium, workers exposed to radiation, and to help people with workers' compensation who were exposed to other chemicals.

We proposed that in April. Congress has started to act on that. Senator Thompson of Tennessee and Senator Bingaman of New Mexico led the effort in the Senate, and there is a -- they introduced an amendment to the Defense Authorization Act of 2001, which is the bill that essentially decides how many nuclear weapons we're going to produce, how many submarines we're going to produce, a very important bill that always goes

through -- goes through Congress every year.

They put an amendment on that to establish this program we're talking about. It was -- it had phenomenal support. It was -- among the sponsors are Strom Thurmond and Teddy Kennedy. You can see the range of support we have.

17

It was unanimously adopted to be added to the bill. We have some hope that it will move through. It hasn't passed the House yet. Actually, the House still hasn't acted on -- well, the House has passed it -- what's called a sense of Congress resolution, which doesn't authorize the House to do anything, but says, we should do something.

And we're hoping that sometime in the next month, the House and the Senate will get together and do something about this and actually pass some -- pass some legislation on this.

Even if it doesn't, though, the Department of Energy is committed to helping workers get through workers' compensation and get the benefits that they deserve.

So one of the things I'd like to hear tonight is your experiences with workers' compensation if you have applied so we can shape our office in the way that can get you the best services, because we know whether or not there's new legislation, there are people out there who are sick and we have to help.

I'm very eager to hear from you. As Frank said, this transcript will be put on the web site, the -- for those of you who have access to computers, the worldwide web, the transcripts of many of the

18

previous hearings are on the web. They're very powerful transcripts.

There's a form in the back that has both the phone number that Frank gave you and our web site. If you want to go home and read the transcripts from the meetings in Paducah and in Piketon, Ohio and Oak Ridge and Los Alamos and Hanford, it goes on and on.

And it's very -- it's interesting reading. It's very powerful. I think you'll find a lot of similarities to what you see.

With that, let me just turn it over to you. I'm eager to hear what you have to say. Thank you very much for coming. And let the hearing begin.

MR. GEORGE: We've found the Wichita Falls person. Howard McCampbell. Let's get you up to the thing first, and let's follow Mr. McCampbell with Janet Wright.

MR. McCAMPBELL: My name is Howard McCampbell, and I worked at Pantex for 14 years, most of it in the cells and E-bays.

I became aware of problems soon after I left in '84, but because I was sworn to secrecy, I could tell no one. I was told I could tell no one. So I just toughed it out until this winter.

I got in touch with the FBI man in

19

Wichita Falls, who comes up here to make inspections, and asked him if I could talk to him, and he told me I could.

And so he -- I talked with him and he referred me to Representative Thornberry from this area.

And since then, I have received letters, questionnaires, phone calls, I guess from every plant that has to do with the Atomic Energy.

I have -- a Mr. Brown from the Department of Energy in Washington, D.C. called me one night at 4:30 and asked me a bunch of very personal questions.

Also, I have letters from Rocky Flats, Albuquerque, from Sandia, from Savannah River, and several other significant letters that it takes a lot of time to fill out and mail back.

I sent my blood test in. They said if I had two positives out of six, that you are -- have a -- beryllium problems. My first one, the level was 50. I had a level of 72.

The second one, I had a level of 3, and I have one of two nine eight. In other words, I lacked two one-hundredths having two positive. That's awful close to being called positive.

So, if there's -- but if I can help anyone getting in touch with any of these people, why,

20

just -- like I say, I have these phone numbers that they gave us from Washington, and very nice people to talk to.

So, anything that can be done to -- I have to have about -- oh, about once or twice a year, I have to have my throat stretched. It's just closes out.

I have upper chest problems. And I have blood clots in both legs, so it doesn't make for a very friendly retirement.

But if there's any way I can help anyone, just get in touch with me and I will help them any way I can. Thank you.

DR. MICHAELS: Thank you, sir.

MR. GEORGE: After Janet, let's put David Pompa on deck.

MS. WRIGHT: I'm Janet Wright. I've been at Pantex since 1976. I was tested for beryllium in July, but that is not my concern.

My concern is about the children who have been born to Pantex workers and the things that have been wrong with them, the birth defects.

I can list some of those things. Three of these things have happened to my grandchildren, whose parents worked there at the time.

We have children who have been born with

21

Arnold Chiari. We have children who have been born with pulmonary stenosis. We've had children who have been born with no thyroid gland, no pituitary gland,

hypoglycemic, which is low blood sugar, craniostenosis, brain tumors, holes in the heart. And those three were my grandchildren.

We've had children born without fingers, toes, parts of legs and blind.

My concern is, will there ever be a study or a survey done on the reproductive organs of the workers at the nuclear weapons plants, and will there ever be surveys done on these birth defects of these children that are children of Pantex workers or grandchildren of them.

MR. GEORGE: After David Pompa, let's put John and Dorothy Bell on deck, please.

MR. POMPA: Frank, first of all, let me ask you, Frank, for those -- for some -- I've recognized some of the older PTs. What can we say on the part of sensitivity and classification?

MR. GEORGE: I would caution you to not use anything relative to any classified weapon parts or anything that can be construed as classified. Keep it very generic.

You're free to list some of the chemicals

22

and things we work with, but you know what the classification issues are, and I would not suggest any of those.

MR. POMPA: Well, first of all, my concern is radiation, and being there over 20 years now, not only for myself, but for the former employees who, at one time, our radiation levels were not monitored as we are now.

Like was said earlier, the neutrons concerned me after studying the neutron level back in the old days, or the -- in the sixties, seventies and eighties, we did not wear a neutron dosimeter.

And so, there were no -- not that I'm aware of -- documentation to prove what readings we have.

And also, the hazardous material that we used to clean, and somebody -- I've noticed some of the former employees that are here now, and I'd like them to speak up, hopefully -- the cleaning agents we used to use, the MSDS sheets did not become available to us until the early 1990s, Alodine, Molykote, MEK, toluene and so forth. And these were cleaning agents that the employees took cleaning components and (inaudible) components for disassembly of -- disassembly of the weapon.

23

And I remember, you would get to a point of nausea when you were cleaning those components. You would step out of the area and clean yourself and get back in composure and come back and clean with those components.

And also, the PPE, the -- the system nowadays is that we would -- we have appropriate gloves and protection for the components or the cleaning agents

we use.

Back in the eighties -- and I know some of the older individuals have said that they didn't use gloves when they used those type of glove -- of chemicals.

And, of course, the beryllium issue that we are concerned with now, you know. And the question that I get most asked, and calls at home, is why is it only six tests being taken from Pantex employees, which is six per week.

And people are concerned -- I get phone calls at home -- also about the long-term legislation.

You know, one thing that I am concerned about is not -- maybe not now or five years from now, ten years, 20 years from now, some of you individuals that are up in Washington might not be there in the next couple of years, but we do want something in legislation

24

that's going to protect the individuals, not only now, but also in 15, 20 years from now. Thank you.

MR. GEORGE: After John and Dorothy Bell, let's bring up Jack T. Mitchell, please.

MRS. BELL: First, John and I want to thank DOE for coming to Amarillo and hearing our story.

You and I both know it's impossible to be contaminated at Pantex if the job is done by the book. If you are contaminated, the book is wrong -- the book is wrong or safety is not enforced.

I love my country but I fear my government. John gave 30 years to Mason & Hanger. At our workers' comp trial, we found Mason & Hanger spent tens of thousands of dollars to keep John from getting the workers' comp. We have felt very betrayed.

MR. BELL: I really don't know why I'm up here because everybody's going to say more than I do, but I would like to address most of my talk towards the worker in the plant, because I'm concerned.

You don't realize that you're being exposed. Everything is so easy and smooth that you don't realize you're exposed.

I know that the first time that I think that I was really exposed was at a -- working in the glove box up in the machine shop. And I didn't realize

25

it. And I received a couple of tumors out of it.

And the next time I was really exposed is out on the line.

When you come in and somebody tells you -- your foreman tells you that you're going to be sent out of your area, well -- and he can't tell you what you're going to do, and then he tells you to go to safety, you're red bar, so you can be admitted where you're going, and you go to safety and ask them what you're going to do, you know, they don't know either.

Well, when you go down there and you don't know what you're going to do until you're there, if you don't know what you're going to do, don't do it,

period. Because you've been had if you do.

You'll come back and they'll tell you you didn't get a significant amount to hurt you; don't worry about radiation, it won't bother you; you won't get enough.

They'll -- they'll also tell you that -- don't worry, there's no -- anything -- there's nothing especially that will hurt you right now.

They don't tell you about the latent part of it. The latent part of it is the roughest part of it. You slowly go down, and you don't know what's -- what it is that's doing it, especially not having told

26

you what you was into.

And all the time, they're going to take care of you. And all the time that you're kind of slowly going down, well, your mind and your body is -- feel like falling apart.

I think while you're down there falling apart, I believe your hair would hurt if it could. And part of it, of course, the hurt, is the people who doubt what you've -- or your honesty about the whole thing.

Of course, there's some that did believe, and I appreciate it.

I'm going to tell you, mainly, those that have been exposed -- I got it quick, that time. And there's a lot that are exposed, I think, slowly, and they have the same process. They get tired, or maybe their skin gets sore and they can't turn their heads very well, hair falls out.

There's nothing wrong with you, though, you know, but if -- if -- it really gets next to you. I know that it's just more of a complaint than anything else, but I would like to know -- people to know how this comes about.

Most -- my cholesterol soared when I got the big dose of it. Of course, you're tired. And so, it's -- it's a bad thing.

27

MR. GEORGE: Mr. Bell, if you could maybe reach some closing comments for us. Not trying to rush you, sir.

MR. BELL: All right. I'll let my wife here talk. She wants to talk.

MRS. BELL: What John didn't tell you, he was sent to a cell where he had never been before. He ingested and inhaled uranium dust and fumes.

From that time on, he's had surgeries to clip nerves, to relieve pain. Now it's to the point where he has squamous cell carcinoma of the lung. It's in the trachea and going into both lungs.

He's having to take experimental medication to live. And I think he just forgot to tell you that.

It was uranium that he did ingest for an hour and a half. The workers back there told him there were no respirators for him to use. The only protection

he had was surgical gloves.

John knew that your fingerprints on certain metals would cause erosion, so he trusted Pantex. He thought, if I'm going to do a job, they'll give me something to protect me if it's dangerous, but they didn't.

And now, he had one surgery, and a nurse

28

came in and said, Mr. Bell, don't you need medication for pain? And he said, for the first time in my life, I feel rested. There were several in the room.

He said, you people, you don't know what it feels like to be rested, just to feel rest. The pain didn't matter.

But then after the medication -- the anesthesiology medication wore off, he was back into the deep pain situation again, and always fatigued.

MR. GEORGE: Mr. Mitchell, you're up. And let's put Duane Smith on next, please.

MR. MITCHELL: My name is Jack Mitchell. The problems really begin a long time ago, and most of that's already been discussed.

But one thing you can say about Pantex, nothing is ever the same. We've got some help in some areas, and some, we didn't get help in.

And this problem involves a cleanup of a radiation spill in the cell area in 1961. We -- twelve of us were selected to clean that up. We tried water, and water pushes it around. You can't clean it up with water.

So we moved on to solvent. We tried toluene. Toluene will make you sicker than a dog.

Trichloroethylene will work, but it's

29

terribly nauseating. So we later moved on to acetone, which is -- smells a lot better. And we cleaned that up.

We had respirators for the radiation but nothing for the solvent. And in that cell -- if you've ever been in the cell, you know that's a confined area, no air in, no air out. So we'd work in a total saturation area for about six weeks, six hours a day.

Normally, that wouldn't be a problem, but I got a bad problem. I got where I fell down a lot for no unknown reason (sic), shakes.

My kids wouldn't go to the bank with me if I had my hands in my pockets. That's how bad it was. My wife wouldn't sleep with me because I'd kick her out of bed. So it was pretty tough.

But I finally found out what it was. And I wished I hadn't found out what it was because it's -- they did CAT scans and every other test you can do until you run out of money.

They found a deterioration of the brain mass. And it's being filled with water as it deteriorates.

It has a bright point, though. If the

cattle truck doesn't run over you, you're just going to die. There's no surgery, no medication; you're just

30

going to die.

So I called Pantex and I said, I need the names of those guys who worked with me on that. And they said, aha, we have a group who can handle it for you.

And they put me in touch with some people. And after a year's running battle, I get some information, but this information has one name on it, one name only, and that's mine.

But I looked and looked, and I found one other fellow who lives here in town. I'm not sure he's here tonight. His name's Gary Muehlhausen. And Gary was in such bad condition, I never went back to see him. No, that's not altogether true, but I saw him once at the lawyer's office. And pitiful condition. Same problem I have.

They found medication to stop the tremors, sort of, but it's not going to work very long. They know it's -- so as far as I know for sure, Gary and I are the only two left alive from that.

Now, if some others are here who have been involved in that cleanup, you can tell me tonight.

But our state government had done some fabulous things for us. Through the goading or pay-off of the insurance companies now, you can -- if you're

31

sick and you receive treatment for that sickness, whether you know what it is or not, if you've not filed a suit in two years, it's out of date.

So -- but I'm an old man now and it's time to move on. So if we'll wait two or three more years, I won't be here at your meeting. Thank you.

MR. GEORGE: After Duane Smith, let's put Pete Lopez on deck. And gentlemen, please speak directly into the microphone. Some of the folks in the back are having a hard time hearing you. Okay.

MR. SMITH: I have a couple of questions I'd like replies to. We've talked about this earlier today.

First question is: Will there be additional funding from DOE for the cleanup of beryllium and additional medical surveillances?

DR. MICHAELS: You know, I wish I could answer that. I would love to see additional appropriations for that.

I know that, you know, we've asked Congress for additional money for a number of these activities. If we get additional funding -- really, for beryllium -- I can't say for cleanup, but we've asked for additional money for beryllium testing and surveillance, and if we get it, we'll be spending it

32

here at Pantex.

MR. SMITH: This question was touched on

earlier, but what can you do to help speed up the LPT testing for the current workers at Pantex from six a week to whatever?

DR. MICHAELS: I don't know what I can personally do. Certainly, we've been discussing this with Pantex management. I think everybody here is committed to moving as quickly as we can to do more.

MR. SMITH: Comes down to money again.

DR. MICHAELS: It does.

MR. SMITH: The third question is: What responsibility would DOE take for the deceased Pantex workers that their deaths could be linked to the work that they had done in the past at Pantex?

DR. MICHAELS: Our commitment is the same to living workers and their families as deceased workers.

If family members believe that they've been made -- that their loved ones died as a result of an occupational illness here at Pantex, if they move that forward, we will treat the case just like the person were living.

MR. SMITH: Thank you.

MR. GEORGE: After Pete Lopez, let's put

33

Bill Hetzler on deck.

MR. LOPEZ: Sir, my name is Pete Lopez. I was the first one at Pantex to be diagnosed as sensitized to beryllium. I filed a workman's comp. Without a hearing, they turned me down.

These are the reasons they turned me down. Number one, you are turned down because the injury or the occupational disease that you've got, you probably didn't get it at Pantex.

Number two, the occupational disease that you have is an ordinary disease of life to which the general public is exposed.

Number three, we probably weren't the insurance carrier when you got this disease.

Where else can I get beryllium?

I have a question. And that question is: When there's an area at Pantex, a bay or a cell or a building where they find a contamination of beryllium, why do they keep it a secret? Why is it not posted? Is it not an OSHA regulation that it must be posted?

DR. MICHAELS: It's my understanding that in the current -- there are posting requirements out in the OSHA laws, but it'd actually be public regulations that cover DOE facilities that are stronger than the OSHA laws in this case.

34

I have to go look specifically, but I think there is a posting requirement. I don't know, though. But certainly, if there is potential for exposure, we believe people should be warned. We'll pursue that.

MR. LOPEZ: Thank you.

MR. GEORGE: After Bill Hetzler, let's

put Worker Number One, by design, on next.

MR. HETZLER: Good evening, gentlemen. My name is Bill Hetzler, sometimes affectionately known as PT number 2. I also came back and tested positive, along with Pete Lopez.

I've got several questions, first of which: The companies that provided the beryllium and the beryllium parts, if we do decide to go after these companies in a lawsuit, are we going to get support from DOE?

DR. MICHAELS: There are a number of workers throughout the complex who have beryllium disease who have sued the provider of the beryllium materials.

DOE doesn't particularly provide support. In fact, in some cases, DOE indemnifies those companies and pays for their legal costs to fight you.

MR. HETZLER: That's not a good thing.

35

DR. MICHAELS: No, but I'm telling you the truth.

MR. HETZLER: Another question. If a former employee comes back tested positive -- where they've tested positive, what then?

DR. MICHAELS: We would treat them the same way in terms of our commitment to them. If -- we assume they got their beryllium exposure at DOE, and we would treat them -- both in terms of helping them get workers' compensation, and additional medical costs, additional medical care, we would treat them as current employees.

MR. HETZLER: And the last question I have is about the workmen's comp, along the same lines Pete had. We're pretty much forced to sign, and then we're pretty much flat ass denied without even so much as an interview.

Are things going to change since then, or is it going to continue like that for the people now, or are they going to sign it and just deny it?

DR. MICHAELS: You know, your first (inaudible) would be about four hours' worth, so I can't really give you an answer if things will change or not, but I'm certainly aware of the problem and will be pursuing this. And you've raised a legitimate problem.

36

Obviously, people shouldn't be forced to sign forms for various applications in order to get the care they deserve. We'll pursue that.

MR. HETZLER: Thank you.

MR. GEORGE: Let's put Johnnie Robinson on deck, please.

WORKER NUMBER ONE: During the period between August '91 and January 2000, I worked for Mason & Hanger, Battelle, the Department of Energy as a health physicist, a nuclear engineer, and mechanical engineer.

Consequently, my urinologist diagnosed me as azoospermic due to my sperm count of being only two.

Once I learned about my sperm count, my urinologist systematically excluded every possibility.

I have enjoyed impeccable health otherwise, and I have the constitution of an ox. I never endured a prolonged high fever. I never injured myself in the groin as I played sports.

While I worked in the DOE complex, I relied on my 809 thermoluminescent dosimeter badge that should alert -- should have alerted me about incurring any chronic or acute dose -- radiation dose.

When I arrived at the Pantex Plant DOE area office, I realized that the 809 dosimeter registered deep -- a deep and surface dose -- radiation

37

dose.

However, because the 809 dosimeter has a detection threshold and the TLD reader will register a zero below that threshold, the technology is less than ideal.

Secondly, the thermoluminescent dosimeter failed to register albino neutrons. Therefore, my colleagues and counterparts solved the problem with the 809/812 dosimeter. A new computer algorithm supposedly rectified the problem.

While I worked for the Los Alamos area office, I visited the pit vault and the plutonium processing facility in Tech Area 55. During the visits and tours, I witnessed the radiothermic -- radio -- excuse me, RTG production.

During the tour, University of California personnel displayed a solid plutonium sphere. The subcritical mass glowed at 800 degrees Celsius and appeared the size of a golf ball.

I similarly entered the pit vault. Afterward, Mr. Joe Vozella, my supervisor at LAAO, inquired about my dose report and asked if the radiation dose was legitimately abnormal.

While I worked at Pantex, my tasks entailed entering the second floor of the TLD

38

calibration facility in Zone 12 South.

Also I deployed five gamma radiation monitors in Zone 4 West, where we -- I'll refrain from mentioning that for -- because of classification.

If the radiation did sterilize me, it likely happened at either of the following locations: One, the pit vault at Los Alamos; two, the Tech Area 55 plutonium processing facility at Los Alamos; three, the solid waste management units where fugitive radionod (sic) -- nuke -- radionuclide permeate the soil at Los Alamos; Pantex Zone 4 West; and number five, Pantex TLD calibration facility, before they relocated it in rad safety; number six, Pantex linear accelerator.

I believe that my career has cost me my fertility, children, and marriage. I mourn my unborn children every day.

As a health physicist, I deem my health

problem as the irony of ironies. Therefore, I publicly confess my problem rather than privately suffer.

DR. MICHAELS: Thank you, sir. I think that took great courage.

MR. GEORGE: Okay. After Johnnie, let's put Duncan Seitz on deck, please.

MS. ROBINSON: My name is Johnnie Robinson, and I am currently employed at Pantex and have
39
been there since 1969.

And I have a problem -- question about -- I've been collecting questions, so the guards asked me to ask what would happen to them when they develop physical illnesses that have been sustained from injuries which leave them impaired for the rest of their life? How would you compensate them, or would you consider compensation for them?

MR. GEORGE: Before you answer, Johnnie, please speak directly into the mike.

MS. ROBINSON: Did you not hear me?

DR. MICHAELS: That's more for the transcriber.

MS. ROBINSON: Okay. The guard -- I've collected several questions, and one came from the guards. They wanted to know what would happen to them when they developed such physical illness that they have sustained from injuries which leave them impaired for the rest of their life? What kind of compensation, or are you considering compensation for them?

The other question is: What about the frequency of testing? Since this beryllium disease may develop at any time, and just because you test negative one time, if it can develop anytime that -- in the future, how frequent are you planning on testing the
40
people?

DR. MICHAELS: The first question regarding the guards and physical injuries is a question also that was raised for the first time (inaudible), and I don't know the answer to that.

It's certainly -- and the focus of this initiative has been on conditions related to radiation and chemical exposure.

So I think we're talking about a different problem, a legitimate problem, nonetheless, but one that we haven't addressed. I'm certain it's one that's of concern, and I think with regards (inaudible) would like to think about them about it if we could, but not one that, in the last year, we have worked on (inaudible).

MS. ROBINSON: Well, they were just thinking that some of their problems sustained from the employment there at the plant as well, because they do go through a lot of physical repetitious things that cause problems that -- well, I can't tell you exactly, but they wanted to know if you're considering work-related illnesses that they sustain from their job

as well.

DR. MICHAELS: No. At the moment, this initiative is specifically about chemicals and toxic

41

substances, which isn't to say it's not an important concern. And we can speak with them about that, but we haven't yet.

MS. ROBINSON: Okay.

DR. MICHAELS: The second question, in our current regulation, I think we call for -- if people are exposed, I think it's a biannual screen, but I don't know.

I think there are -- there are regulations that have been worked out through public -- a whole public comment process if people have been exposed to beryllium, how often they should be offered this test.

I don't know the answer to how often it is, but it's in public law and we can look it up.

MS. ROBINSON: Okay. Now these are comments.

We have a lot of problems as females, and we suffer from fatigue, pains, that we don't know why we're having them. The doctors don't know why we have them. And they try to tell us it's all in our mind, that we're hypochondriacs or we're just suffering from PMS.

Sometimes we're sick, but we don't have to have pains to be sick. Your body is out of sync, so

42

you don't function very well physically or mentally. Any kind of cold virus or whatever, we constantly get because our resistance is usually low.

I have machined mock without any respirators and dust flying all over the vat. I was told this was harmless. I would walk out of the bay looking like a lady in pink, like I am today. Now we have -- we find out it's unsafe.

I have worked with beryllium parts, and now I find out that it's dangerous. And I can't think of too many solvents I have not worked with.

I have to admit that Pantex has been very responsible in the last few years for the PPEs, and I don't believe that Pantex intentionally tried to hurt us, but it still does not help the people who are now sick and will get sick in the future. And those are my comments.

DR. MICHAELS: Thank you.

MR. GEORGE: After Mr. Seitz, let's put up Loretta Harrison, please.

MR. SEITZ: My name is Duncan Seitz, and my wife, Sue Seitz, worked at Pantex 28 years.

She started work as a shipping and receiving clerk. And when she was three months pregnant, she received a shipment that had to be put in

43

an underground storage and was radioactive.

And back then, they didn't wear dosimeters. And my daughter was born with marked deformities on both hands and she had no feet.

Her tongue was adhered to the floor of her mouth and the tip was attached to the top. Her tongue had to be cut loose from the top so that she could nurse.

And she has to have prosthetics every year for the rest of her life, and they cost about \$10,000 each. And she's -- she's doing well other than that.

But my wife, she was diagnosed with a malignant mass in the top of her left lung. And she rode in a carpool with people that never smoked, and I never smoked. She never smoked. And she was diagnosed with a malignant mass in the top of her left lung.

She had surgery the day after her 46th birthday, and they had to remove the entire lung because the cancer was spread further than they anticipated.

And later, the cancer spread to her brain, where she had six tumors. And she was totally paralyzed on her left side for the last few months that she lived.

And she died February the 22nd, 1999, and
44
was left -- she was in and out of hospice three times before she died.

I lost my lovely wife of 25 years and have a daughter who will always need help -- need help with prosthetics.

When my daughter was born, it was very difficult to tell my wife about my daughter because she had a cesarean section and a spinal block, and when I went in to tell her, she was just recovering from the spinal block.

And she -- she was paralyzed, then, on one side, and I was kind of shook up because she was still paralyzed. But that's all behind us now.

But we're pretty positive that this -- these birth defects were caused by radiation. And it seems ironic that they only started making them wear dosimeters approximately a year after my daughter was born. That's all I have.

DR. MICHAELS: Thank you, sir.

MR. GEORGE: After Ms. Harrison, let's put up Robert Gauna, please.

MS. HARRISON: My name is Loretta Harrison. I'm the widow of William Dennis Harrison.

To the best of my recollection, my husband started to work at Pantex in June of 1982. He
45
believed his work at Pantex was his contribution to the protection of our country's freedom.

After his training, he started to work as a production technician. Dennis commuted 120 miles a day from Clarendon for ten of the 13 years he worked there.

On February the 6th, 1991, we moved to Amarillo to be closer to his work. The preceding year, he put in so much overtime, he rented a place near the plant to keep from making that long drive home. I feel sure his incredible record of overtime still stands.

Two times, he got so hot from radiation he had to be pulled from the program he was working on.

In July of 1993, he suffered severe abdominal pain. The doctor said it was just an inflamed stomach and would have to heal by itself.

The next time it happened, we were visiting in East Texas and we drove all the way home. The doctor then diagnosed the same thing as gastritis.

A third diagnosis for those same symptoms were ulcers. No medication seemed to help, and the pain in his side grew worse.

On his 58th birthday, his yearly physical at the plant revealed extremely elevated blood sugar count. The doctor at the plant called me and strongly

46

suggested that he go to his regular doctor and tell him he had diabetes.

Without any tests other than those blood sugar count, the doctor started him on medication for diabetes and put him on a strict diet.

He started losing weight. All his buddies wondered what he was doing. He got a stationary bike and a ski machine. He worked out every day. His weight continued to come off. I was on the same diet and I didn't lose like he did.

The pain in his side grew worse. He went to his doctor trying to find out the reason for the pain. He asked the doctor if it could possibly be his gallbladder.

The doctor became aggravated and told him, angrily, that his gallbladder was on the other side and he was the doctor, not Dennis.

By July, the pain was almost unbearable. We went to the doctor determined to find out the cause. Finally, he ordered tests, upper GI, lower GI, CAT scan.

The lower GI nearly killed him. A small pernocolated (sic) polyp was discovered, but it wasn't until the results of the CAT scan came in that we were told it was pancreatic cancer.

The pancreas was almost entirely gone and

47

the liver was already heavily involved. His abdomen was extremely distended with fluid.

He was admitted to the hospital. They withdrew the fluid from his abdomen and sent him home for the weekend.

Hospice came every day, and his drugs were increased regularly trying to dull the pain. Tuesday, he was back in the hospital. Thursday, he was transferred to hospice. And Friday, nine days after he was diagnosed with pancreatic cancer, he died.

Dennis was six feet tall, had a big

frame. He was strong and healthy, and he had worked from dusk till dawn on the farm most of his life.

At the time of his diagnosis for diabetes, he weighed 250 pounds. Even though he was in such pain, he mowed, watered, ran the weed eater in the yard, shredded the pasture in preparation for a family reunion just 30 days before he died.

Even when he was sick, he went to work at Pantex. He thought Pantex was the greatest place that ever was. He only missed about three weeks of work before he died.

Since that time, I have attempted to get his medical records, but I've only gotten the runaround. Even his doctor told me I was wrong about the care he

48

received. I went to the doctor with him. I remember what happened. Thank you.

MR. GEORGE: After Mr. Gauna, I have another out of town one. Looks like Gladewater, Texas. So I'd like to have Evelyn Lloyd up next. That's okay. You go first. Robert, you're on deck.

MS. LLOYD: My name is Evelyn Lloyd, and I'm the sister-in-law to Dennis Harrison.

And I had known Dennis since -- and been in the family since 1963. And he was always just a real strong person, loved life, just do anything for anyone, his coworkers or family.

And he came to see me in Gladewater in September in 1993. And he was always out running, jogging, visiting, but he kept coming back to our house, going to bed, because he just couldn't make himself go.

And I wanted -- I asked him if he wanted to go to a doctor there in Longview, which is -- he said, no, he'd just come on back home to Amarillo.

And it was after that time that -- when he came back and had all the tests run that Loretta spoke of earlier that he found out that he had cancer.

But it was just such a loss of life, you know. One day, you're here, and one day, you're gone.

And it's -- it happens to a lot of

49

people, but if, in any way, the situation that is happening here now could save one person, just one person out of all the millions that work in these plants, then it would be worth the issue to drive from Gladewater, Texas here to talk to you. Thank you.

DR. MICHAELS: Thank you.

MR. GEORGE: After Mr. Gauna, let's bring up Shelby Prince, please.

MR. GAUNA: I've been at the plant since '82 working for -- in production stores.

During the work at Pantex, we are exposed to beryllium dust, uranium and several other -- like, contamination and everything else.

The people in production stores are overlooked in these hazardous materials that we work with. We don't work with them at one part at a time.

We have several. Sometimes we have a hundred at a time that we have to work with. We package.

And when we went to Hazbrook to get their uranium readings, I think they did it just to keep us quiet, but when we got there, we found out that three out of four had (inaudible) readings.

And after that, called to Pantex and got another reading going. They found all of us below the readings.

50

And they blame it on our clothing and our hair. When we went in and they told us, disrobe and put some (inaudible) suits on and take a shower, which we did.

So at Pantex, even today, we are working with beryllium parts. The supervision department is downplaying the role of the -- of the hazards.

We open parts that should not be opened up at all. These are treated with contaminated beryllium, and some are uranium and beryllium.

We have dust that we take home with us. Our hands, our bodies and faces were red, you know, when we opened these parts.

We had to knock off the nuclear -- name on these parts or whatever, look at the serial numbers, and we would take the things home.

And our families were being contaminated with this dust. And some of these families are wholly -- are having the symptoms that are brought out now lately with the beryllium part -- contamination? What is it? Sensitization (sic)?

DR. MICHAELS: Sensitization.

MR. GAUNA: Now, what are you going to do with these families that are -- our spouses, our kids that are contaminated because we brought it from Pantex?

51

You know, are they going to be recognized also as -- as being exposed?

DR. MICHAELS: Well, the studies at other facilities in terms of the children and wives have found, in fact, that people have not brought home significant enough amounts to sensitize wives or children.

The only place that we've seen that are children and family members who live in direct vicinity of the plant who actually get airborne contamination.

At some of the facilities where they manufacture beryllium products that we've purchased, there certainly is beryllium disease right outside the plant, but at the DOE facilities, we haven't seen that and we're hoping we don't see it.

MR. GAUNA: If you do see it, what are you going to do about it?

DR. MICHAELS: We'll have to increase our program to include wives and children. And we're still looking, but fortunately, we haven't seen it, and I don't believe we will. But obviously, it's something

that we have to be aware of.

MR. GAUNA: There was still one incident that we had that tritium released -- (inaudible) the tritium was coming into the 12-42 area (inaudible).

52

And they took samples, and they found they were enough to get us out of the area.

Later on, they sent everybody back in to go get the clothing. And a lot of these people from the production stores area were contaminated with that tritium.

The following day, they took everybody to (inaudible) and kept them there for two or three days. They don't let nobody go back in. We would have (inaudible) to the vault area and direct (inaudible) would go there and turn it off and say, all it is is a malfunction of the alarms. Those are not going to go off just for the sakes of malfunction.

We had pits throughout the 12-42 area when they would come in on those SSTs.

We have a lot of questions that have not been answered. We would ask the company about the hazards that might be affecting us and our bodies and everything, and they'll say -- well, one rad safety -- a patient, he said, you could swallow it and it wouldn't even bother you, but we're finding out different now, aren't we.

So that's it, I guess.

One thing that people at Pantex fear more than their maybe their sickness is retaliation. People

53

do not come up when they've got a concern. They're afraid they're going to be retaliated against. And I know we had this whistle-blower protection, but is that always true?

DR. MICHAELS: I wish I could assure you that no one was ever retaliated against for raising safety concerns.

Certainly, our policy is that no one should be retaliated. Secretary Richardson has been very clear that he will not tolerate any retaliation; yet, we see examples of it.

If anyone believes they are being retaliated against for raising safety concerns, they should contact the employee concerns program here.

And if they don't believe they would get a fair shake, you should contact my office.

MR. GAUNA: But we don't trust our employee concerns.

DR. MICHAELS: Well, then contact my office.

MR. GAUNA: Okay. Thanks.

MR. GEORGE: Okay, I'll tell you what. Since we're going to break after you, so I'm not going to call anybody on deck. When Shelby gets done -- what do you want to take, five minutes? We'll take a break

54

after you.

MR. PRINCE: Okay. First I'd like to thank everybody that actually spoke before I did. It takes a lot of courage coming up and -- you know, to voice your opinions for some of your problems.

I served in the Persian Gulf on the front lines. I was exposed with some problems. I've been dealing with the VA for approximately eight years. They never diagnosed it or ever gave me any kind of solution to the problem. I'm still fighting that.

Now, I'm at Pantex, less than seven years, as a production technician. I've been told that I've been sensitized to beryllium.

I'm 34 years old. People look at me and say, there's nothing wrong with him. What's -- you know, healthy, blah, blah, blah, and so on and so on.

But my thing is this. I'm concerned, just as these people here, what the effects are later.

As far as any kind of medical here at Pantex cannot tell me the results of any kind of effects or what to even expect.

I'm asking you to establish some kind of guidelines as far as medical, maybe lifetime or something like that, because I do not feel safe at Pantex anymore.

55

When I hired on, they told me that the concern was radiation. They told me as long as I practiced (inaudible) and followed the standards, that I wouldn't have any problems.

I did that. Now I'm exposed. I'm sensitized, as you said. So, I am PT number 3.

I'm also asking that your exposure limits to a lot of the substances or chemicals or whatever we have out there be zero tolerance instead of this .2. Like, for beryllium, we have .2, where it was 2 point. Why not have zero and then give a plus or minus or something like that?

And that's basically what I'm looking for. I want -- I would like to see, in effect, some kind of medical lifetime for me. Not only me. I'm not being selfish here, but also, some kind of lifetime medical is what I'm looking at, because in the near future, I don't plan on staying Pantex.

I want to be able to leave -- try to leave and live my life as a 35 or 36 year-old. Thank you.

MR. GEORGE: Thank you. Let's take a ten-minute break. We'll see you back here.

(Recess.)

MR. GEORGE: The first speaker I'd like

56

to have is Teresa Bittle. After Teresa, let's put Deborah Mundell on deck. Teresa Bittle and then Deborah Mundell.

Please take your seat, folks, so everybody can hear.

And ladies, please speak directly into the microphone, and speak plainly so the court reporter can get you. Okay?

Okay. We're ready to go. If we could have some silence, please. Teresa.

MS. BITTLE: My name's Teresa Bittle, and I just have a few comments to make.

The workers' compensation is needed for every employee, past, present, future, and deceased. It is a thing that is needed.

But I can honestly say that in the years since Pantex has started, safety's improved a hundred percent due to technology and personal protection equipment, the technology and knowledge that is provided to us to this date. And safety begins with you and with I.

MR. GEORGE: Let's put Brenda Britten on deck, please.

MS. MUNDELL: My name is Deborah Mundell. I'm a current employee at Pantex, and I've worked in the

57

NDE Department.

My concern is the smoking break room inside the MAA station at 12-84. We have a work bay that is vented directly with this smoking break room. Our office receives the same air as do other offices that are attached to the break room.

They recently shut down the 12-86 break room, which means there are now double the smokers in that break room.

It is my understanding that we are the only DOE facility that still allows smoking within the building. This break room is not vented to the outside, as I believe is an OSHA requirement due to its location.

My concern is, the smoke in there is so intense that it actually comes out into the hall to create a fog. If you walk by the break room without even going in, your clothes retain the smoke smell.

We sit in our office for eight hours. We smell the smell. We inhale the smoke just as if we were in the break room. The dampers and the filters saturate in that break room from the excessive smoke.

For the last four to five years, our department has been fighting to get our break room separated from that ventilation system or to get that

58

smoke room moved to another area.

The main solution has been, we'll put you a little filter into your office and we'll try to change out the smoke eaters a little more often. This has not worked.

Our entire department met with management, and we did threaten a class action lawsuit because we are entitled to a smoke-free environment. Our concern is preventative maintenance.

Secondary smoke is very controversial

right now. Smoking itself has been proven to be a carcinogenic.

We are concerned that, instead of waiting until the lawsuits happen, can we prevent it now? Let us move the smoke area, so if the smokers insist on smoking -- which is their right. Every man has a right to his choice. They know the risks. If they choose to smoke, that is fine with me, but I choose not to be a part of it.

If they want to smoke, let us move the break room to where at least they get some aerobic exercise on the way to their lung cancer. In the meantime, let's stop the lawsuits before they start.

If nothing can be done for this, I will shut up, I will lump it and put my lawyer on retainer.

59

Thank you.

MR. GEORGE: After Ms. Britten, let's do Felix Saucedo, Jr., please.

MS. BRITTEN: My name is Brenda Britten. And I wrote this out so I won't start crying. So, if you don't mind, I'll read it.

I went to work at Pantex in June of 1971 at the age of 25.

MR. GEORGE: Brenda, before you get too deep into that, scoot up and talk right into the microphone so the court reporter can get you.

MS. BRITTEN: Couldn't hear again? Okay. Let me start over. Okay.

I went to work at Pantex in June of 1971 at the age of 25. It was known as the best employer in Amarillo. I was very happy to get a good job. I was hired in as a clerk typist. I went to work in 12-42 warehouse as a clerk.

In 1997, after three workers were killed in a terrible explosion, I went to the line as a high explosive machinist. I moved from this job to a quality inspector. My job gave me a great sense of joy because I was doing my part to help keep the world peace with the fear of the bomb.

In the mid '80s, I began experiencing a great deal of muscle fatigue and pain in my joints and bones. I went from doctor to doctor in Amarillo with no answers. I was treated with pain medication and muscle relaxants.

60

By 1989, I was in extreme pain. I could no longer clean my house or mow the yards as I had done in the past years. I could no longer take classes at night school.

I felt consumed with my pain. I was so weak that I could not hold my arms to roll my hair or brush my teeth. When I would lean my head down to write, I didn't have enough muscle strength to straighten my head. I had to use my hand like this to lift my head.

The doctors in Amarillo just kept saying

nothing. A friend suggested that I go see a doctor Bernard Patton, who is the head of neurology at Baylor Medical Center. And he was in town from Houston doing a free myasthenia gravis clinic.

And when I saw him, he diagnosed me -- he thought that I had myasthenia gravis and that it was pretty far advanced.

I went to Houston in September of 1990. I spent two full weeks alone in Baylor Hospital taking tests. I was awake and not medicated as they sliced my

61

arm open to the bone and removed live tissue to observe in the lab.

I was also awake and not medicated as they removed a nerve from my left foot and ankle to study in the lab. Consequently, my left foot is permanently numb and deadened and will be for the rest of my life.

When Dr. Patton talked to me about my diagnosis, he was very careful. I explained to him over and over that I was not filing a lawsuit, that I had no heirs. He explained to me that I was very ill from what I worked with.

He also explained that he could not give up his practice to help just one person. He told me that he prayed for me that I could live long enough to find a doctor and a lawyer who could help me explain what had happened to the government of the United States. He warned me to be very careful at work and not mention what he had told me.

Then I began to understand why I could not get medical care in my own hometown. He said that because of my diagnosis, the company would try to get rid of me because he said I carried on a molecular level what could convict them in court.

From that time forward, my life at the

62

Pantex Plant was absolute hell. The company tried so many different ways to fire me.

In June of 1995, I was 48 years old. I was so weak that I could no longer get out of bed. I was in so much pain that I did not know how to live without pain medicine.

My doctor suggested putting me in a nursing home because I was unable to take care of myself.

When my sick leave ran out, I no longer had any income. The company has no short-term disability other than sick leave.

The only long-term disability is bought for us through a clause in the union contract that says the insurance company pays a percentage of our income up until our social security begins.

And to use that, I had to sign a document at Pantex when I left that said my illness was not job-related.

Mason & Hanger uses the number one

resource of my area, cheap manpower. They accept huge government contracts provided by my taxes.

And when we, the workers, are sick and dying, they drop us back on the taxpayers to collect social security.

63

It's a total travesty. My life has been consumed with illness and pain and huge medical bills not covered by insurance.

After 25 years of continued service with one company who made me ill and dying, I now have no hope of recovery, no hope of getting well.

The only help the medical community offers me is largely experimental, excessively painful and not generally covered by Medicare.

But with all of this, I am hopeful that my wonderful motherland, America the beautiful, will help those of us so gravely ill and dying. And I also hope that they never forget that so many have died for this cause to maintain world freedom.

The philosophy they used was that they could sacrifice a few to save the many. We just didn't know we were the sacrificial lambs. Thank you.

MR. GEORGE: I noticed I have an elected official card and I'd like to bring Jim Wood up on deck to follow Felix Saucedo. Is Felix still here?

UNIDENTIFIED SPEAKER: He left a few minutes ago.

MR. GEORGE: He left? Okay. Then Mr. Wood, if you would take the podium next.

MR. WOOD: Everything's been said. Thank

64

you.

MR. GEORGE: How about Mr. Bob Carr? Bob Carr is not here?

How about Helen McGill? Ms. McGill? Let's follow her with Weldon Richardson. Weldon here? All right, Weldon, you're on deck.

MS. MCGILL: I was not a worker at Pantex, so I don't know, in-depth, a lot of the things that the other people have told you, but my husband worked at Pantex. He worked there for over 32 years.

At one time -- and I did not know this until the last few years -- he worked with radioactive materials. I know that he was checked. I know that there were reports on how many rads he had been exposed to, but when I went back through the records, I could not find rad exposure beyond, I think, 1988.

And I know that early on, when he began work there in the -- in 1959 and later, in the 19 -- early 1960s, that he was exposed to low levels of radiation.

He was diagnosed with cancer, squamous cell carcinoma, of the upper glottis in 1975.

There were other workers who worked with him. And I shall not name them now, but I know three others who worked with him in the same area who are now

dead.

My husband never told his doctor that he had been exposed to radiation because he respected the vow of silence that he had when he worked at Pantex.

I did find out later that when he worked with radioactive materials, he wore a lead apron that covered -- he and the other workers wore lead aprons, and also, lead gloves that covered to about this level (indicating).

Those other workers who are now dead also had cancers diagnosed in the head and neck area.

And that really -- what I've heard here tonight really rang a bell with me. I felt that that was definitely caused -- that his cancer was definitely caused by radiation. Thank you.

MR. GEORGE: Thank you. After Mr. Richardson, how about Bill Franks? Is he still here? Bill Franks is not here?

How about Thomas Pate, P-a-t-e?

MR. RICHARDSON: Hello. My concern is for the firefighters of Pantex.

I recently got this letter that says that our burn pits that we used from -- oh, let's see -- '73, '74 is when they were built, and then we used them from '84 to -- no, '87 to '90 is so when the pits were

closed.

So in that time period, we had our burn pits. And those burn pits, we used all kinds of pesticides, solvents, oils, PCP treated wood, TCBs, things like that.

Is this being addressed or is it being looked into, or is this just kind of a float around, nobody's supposed to see it letter?

DR. MICHAELS: I don't know. This is -- I think this is an issue that the safety department might consider here.

Obviously, as we move forward in our workers' compensation initiative, there are people who believe they've been made sick as a result of that and we'll certainly pursue it, but as a safety issue now, there's no --

MR. RICHARDSON: Well, the burn pits are no longer being used, and the current firefighters, there's not that many left that were exposed to these pits. The newer firefighters are not. If something --

DR. MICHAELS: Well, in that case, it will be very important for us to document that so that if people do get sick in the future, it will help us know what they were exposed to. It would help me, and I'll (inaudible) with you afterwards, if you would.

MR. RICHARDSON: What kind of documentation would you need? Training records, would that do it?

DR. MICHAELS: Anything we can find.

And thats --

MR. RICHARDSON: A lot of those things have a tendency to disappear or gets buried. Yeah.

DR. MICHAELS: That's why we should document them now.

MR. RICHARDSON: Okay. Another question I have is on the beryllium exposure. Some of them have been found sensitized to it and some of us have not.

In the future, if we come up and we're sensitized to beryllium, do we have to seek legal action to be compensated or what's the story here?

DR. MICHAELS: No. We'd like to have it -- we're moving towards a system that's a nonadversarial system that you can just apply and you will automatically -- assuming you're found to be either -- if you're sensitized, there's relative little compensation involved because you haven't lost -- unless you lose wages or have medical costs. That will be covered.

You'll also be offered medical treatment, so if you do -- or medical surveillance if you do get

68

sick. That will be taken care of as well.

Hopefully, for most people who are sensitized, they won't -- they won't have to be sick or disabled, but that becomes a serious risk and people deserve to be followed.

MR. RICHARDSON: So, right now, it's basically only for beryllium and/or radiation exposure?

DR. MICHAELS: No, we will -- my office and the Office of Worker Advocacy will work with people sick from any chemical hazard or radiation and help people get compensation.

MR. RICHARDSON: Which possibly could include the firefighters.

DR. MICHAELS: Oh, absolutely. And so, if a firefighter is sick and believes they've been made sick because of any of these exposures, we would help them. In the absence of any legislation.

MR. RICHARDSON: What do they need to do to --

DR. MICHAELS: They should call our hot line.

MR. RICHARDSON: Okay.

MR. GEORGE: Weldon, one comment on the issue that might help you. Sophie DeLosSantos with my staff, one of the safety officers, has some

69

documentation on that.

I believe the firefighters called her. And I would ask you to get with Sophie maybe for some additional documentation, if you would, and maybe forward that to Dan. Do you want to see some letters --

DR. MICHAELS: And I'd love to also.

MR. RICHARDSON: Well, I'm one of the lucky ones. I left Pantex. I don't look back. So it's going to be kind of tough for me to talk to Sophie, but

I would like to find out some more about it.

MR. GEORGE: Yeah. I'm just giving you a point of contact. Sophie's got it.

MR. RICHARDSON: Okay.

MR. GEORGE: If you want to meet with me afterwards, I'll get you something.

MR. RICHARDSON: I appreciate it. Thank you very much.

MR. GEORGE: After Mr. Pate, how about Thomas Pace, P-a-c-e. Is Tom still here? Mr. Pace, you're on deck.

MR. PATE: I thought I was losing my mind. I couldn't find that little yellow piece and I was looking in my pocket for it, and I turned it in. So your name is Dr. --

DR. MICHAELS: Dr. David Michaels.

70

MR. PATE: Michaels. Okay. My name is Thomas E. Pate. I hired on at Pantex in 1966, retired in March of 2000, just about 34 years at the plant, an older PT, line worker, worked in the cells in Zone 4.

And I've been in all the storage area for center items and radioactive parts.

I'm trying to read my own writing here. It's pretty bad. Let's see.

I've also been diagnosed with Hodgkin's disease in '98. I've had chemo and radiation treatment.

Back to the work part, I've cleaned radiation parts with just about everything, alcohol, triclean, MEK, toluene, acetone and thinner.

So, during these 34 years, you have to be around radiation parts.

Now, the first ten or 15 years are really the ones that I'm really concerned with. We didn't have the gloves that you have today. In fact, we didn't have any.

And there were scanned radiation protection, and shielding of lead and plastics and stuff was pretty well nonexistent. So the conditions that the workers work in today is much better.

Back then, I guess experience wasn't there. I don't believe it was facetious or anything

71

like that. And the foremen, too, and managers were around this radiation also. We handled a lot of things with our bare hands.

Like I said, in '66, we were very young and inexperienced, and, you know, you did these things. And you could feel the heat coming off these parts. That's how bad it was. But -- you know.

They did a college study on the dosimeters, I want to say after the first ten years I was there. And they -- I forgot what university it was, but they came down there, and -- that university, and they said, well, your dosimeters are no good.

We'd been using dosimeters for ten years out there, from 1966 to, say, 1976 that were no good.

And then -- okay. Moving on, approximately five years ago, I'm going to say, I was called over to a trailer they had out there, and they had the old records of dosimeters, big, thick book, the original copy.

They opened up. And there's two or three of these men in there, and they were trying to talk like, we're going to take this information and transfer it, to the best of our knowledge, into a computer and make a new one.

So, they said, you want to look through it? And I said, yeah, I do. And a lot of the entries were dashes, okay? Blanks. Satisfactory. They didn't have any numbers there.

I mean, this -- this kind of records of no numbers is useless, and you've got a useless dosimeter.

What I'm saying is -- and he asked me if I would sign it, and I said no. They said they were going to archive this.

Well, you archive something in the government, you know, it's pretty rough to find it later.

I wouldn't sign it. I initialed it at the top just to say I'd been there.

And they asked each other -- even while I was there, they said -- one of them said, well, what does this mean? And the guy says, well, the guy that put that in there, he retired ten years ago; we really don't know, but we think that that means such and such.

So you can see why I wouldn't sign something like that.

Okay. That -- that's the most of what I have to say.

Now, Dr. Michaels, I think that if the government and DOE really wants to help, I'm looking at,

with the Hodgkin's, another test coming up.

When you retire -- I'm a retiree. You take a lesser form of insurance than the regular employee. And I appreciate it, but it's not as good as the other.

And I've got another test coming up to determine if Hodgkin's has come back. And I'm not sure -- see, it's one of these insurances that you have to go to your first doctor, and he has to call this doctor, and they have to say, is this test okay to tell -- and you're at the mercy of your insurance company.

So I'm saying, if the government and DOE really wants to help, give us the good stuff. Give us the good insurance.

And then also, I have -- you know, when you get sick -- and a lot of these people in here now are that way. And I'm that way sometimes.

But you have a good day every now and

then, you know, and I feel like, hey, I can go out there and I can paint my fence today.

And then the next day, I wake up, I'm not sure I can get the lid off the paint can.

But I don't want to spend my life looking over my shoulder to see if somebody's got a camera or

74

something like that on my good day that I'm out there painting the fence.

So, you know, this -- if you're going to help us, give us the good insurance, pay us off and let us take what we got left and go with it. Thank you, sir.

DR. MICHAELS: Thank you.

MR. GEORGE: After Mr. Pace, how about Robert Malone? Is Robert still here? Okay. You're on deck, sir.

MR. PACE: All right. I'll try to keep it as short as possible.

I went to work for the company in 1963 on the guard force. I retired in 1995. At age 55, I had to take early retirement.

In the early 1960s, while on the guard force, I and one other guard were on patrol, and the alarms -- tritium alarms went off in one building.

We exited the building as fast as we could, but we had to go through the entire building to get out. Pardon me.

They sent safety down to the guard station once we got out of the building, and we were declared to be heavily contaminated.

They stripped us naked, took all of our

75

uniforms, pistol belts, guns, everything, bagged them, took us up and showered us, and told us to drink lots of beer, that it'd wash it out of our system.

In the 1970s, I was at another reported contamination working with some -- I'm not sure if I can even say it -- some of the depleted material.

I was heavily contaminated with this depleted material, and again, reported to safety, and again, was told that -- to drink lots of beer; it'd wash it out of my system.

The reason I give these two accounts is for the reason that later on in my career out there, I went back to safety and tried to get records of these two incidents, and they would -- the documents no longer existed. But they did take place and they were recorded at the time.

In 1994, my wife passed away of cancer, and my health started to go down at a fairly rapid rate. I was subsisting on about two hours' sleep a night. I was terribly depressed. I was in a very weakened condition.

And I turned myself in to the medical department to see if they could help me. They immediately sent me to town that day to see Dr.

McCorkle, a psychiatrist, and Dr. George Marck, a

76

general practitioner.

Dr. Marck assigned a bunch of tests for me to take, and Dr. McCorkle had me in for a session to talk with him.

At the end of my session with Dr. McCorkle, I had told him numerous things that I felt were wrong with me, and he stated -- or at the end of the interview, I asked him if he thought I was crazy. And he made the statement, no, you're not crazy, but you need never to go to Pantex again.

From that time on, I was using up my sick leave and my vacation time, which I had nearly the maximum amount.

We knew at that time that there was a buyout coming, and I was trying to hang on to my employment with the company to reach this buyout time, but unfortunately, my sick leave and my vacation time ran out prior to this buyout.

During this time that I was trying to figure what to do, I asked both my immediate supervisor and the supervisor above him if they would tell me when the -- the buyout was going to occur so I could hang on for that money. And they neither one of them would tell me.

Well, I ran out of sick leave. I ran out

77

of vacation time. I had no income. And I had to put in for what they call early retirement at age 55.

I also put in for the company's disability, and the sick -- and the insurance company denied my disability.

By the way, I was diagnosed with -- I have cataracts in both eyes. I have congestive heart failure and I have diabetes. And the insurance company denied my disability.

I even had hired an attorney to look into it to see if he could get the insurance company to relent or give me my disability.

And I also made an appointment with Frank George and the plant superintendent and asked them if there was any way that I could get the VSIP buyout. Basically, I was told by Frank George and the plant superintendent for me not to call them, that they would call me.

And approximately two weeks later, I got a letter that says, tough luck, we won't give you the VSIP.

I went back to the psychiatrist that I had had numerous interviews with during the time that I was off on sick leave, and his final comment to me was, Bud, you better get out and get a job.

78

The attorney that I hired to try to fight the denial went to see this Dr. McCorkle, the plant-recommended psychiatrist, and he told the

attorney -- and I have it documented -- that the only way that he would release my medical records of my interviews would be if the attorney paid him \$8,000 cash, which is the first time I've ever heard of that.

And I have, fortunately, been able to subsist -- because of my wife's death, I could draw partial on her retirement.

I had my retirement, which wasn't full retirement, but it was 35 years long. And I worked at a part-time job for a school system, and I've been able to subsist.

I believe that the company treated me unfairly. I believe the company covered up incidents of contamination by destroying documents that I was contaminated, and I -- I'm somewhat bitter that I gave a -- company 35 years of my life and was treated this way as the end result. Thank you, Doctor.

DR. MICHAELS: Thank you, sir.

MR. GEORGE: After Mr. Malone -- and I hope I don't say this wrong. It looks like Flay Baker. Could be Floy. Floy or Flay Baker? Anybody by that name? Is that you, sir?

79

MR. BAKER: Yes, sir. I guess it is. How's it spelled?

MR. GEORGE: It's you now that I see you, Floy. Sorry. I couldn't tell whether it was an A or an O.

All right, Mr. Malone, you're up. Mr. Baker, you follow him.

MR. MALONE: My name is Robert Malone.

In 1995, I had to go to medical several times. And so, they hauled me over one day and when they did, Dr. Baker sent me home. And I thought it was just until I was over whatever I had, but it wasn't; it was permanent.

And so, at that time on, I was -- lacked two days or so being 62, so I just had to take an early retirement.

The -- I was diagnosed with asbestosis, and I'm taking chemotherapy right now for cancer. And it's a -- talk about something that takes the energy out of you. It takes the energy out.

But that's all -- about all I have to say is just that.

MR. GEORGE: After Mr. Baker, how about a Billie Poteet. Did I murder that name? I did? I'm sorry. Okay, you're on deck, ma'am.

80

MR. BAKER: I drove my left leg about two or three years, nobody could find out --

MR. GEORGE: Floy, hold on. Is there any way you can pull that thing up to you or --

MR. BAKER: How's that?

MR. GEORGE: Just pick it up and hold it.

MR. BAKER: I drove with my left leg around there two or three years and couldn't find

nobody -- what was wrong with it.

And so, I got tired of that and I went out -- several doctors looked at it and looked at it couldn't figure out why.

I couldn't pick up my left leg. So I went down to Temple there and I found out I had cancer up around my spinal cord, and it'd been in there two or three years.

Of course, nobody knew what was wrong with it at the time. It wasn't -- it was preventable, but it stayed too long, and I flattened the arteries in my spinal cord, so that's the reason I'm sitting here now.

And what caused it, I don't know, but there's a possibility that's what it was, and possibly it wasn't. I don't know, but I'd like to find out. I guess that's about it.

81

DR. MICHAELS: Thank you.

MR. GEORGE: Thank you, sir.

After Ms. Poteet, how about Don Moniak.

You're on deck.

MS. POTEET: I am very humble at listening to all these illnesses, and I admire the courage of the people coming forward. My concern is, as a neighbor of Pantex, I want some pure water.

I think some of the best brains in the world work for DOE, and I think, somehow, they should come up with a way of -- a filter, something that we can get pure water.

The Ogallala is under eight states, and now it's been contaminated. And this water, I was advised go to them and see if they won't give you water from Amarillo.

But where the burning grounds are, the flow is toward the northeast, which is where I live, and also, the flow is toward the Amarillo wells. So why would I want Amarillo water? I don't know.

But I do think water needs to be one of our main and absolute concerns. And that is my main concern. Thank you.

DR. MICHAELS: Thank you.

MR. GEORGE: After Mr. Moniak -- I hope I

82

don't mispronounce it -- Channy Wood or Channy Wood? Anybody by that name?

How about Marta Brown? Is Marta Brown here? Okay Marta, you're on deck.

MR. MONIAK: Thank you. My name is Don Moniak. I live in Canyon, Texas.

I was formerly employed by Serious Texans Against Nuclear Dumping, and now I am a private independent semi-employed consultant.

I'd like to commend Secretary of Energy Richardson and Dr. Michaels. For those of you who do not know, the previous Secretary -- Assistant Secretary of Environment, Safety & Health, his name was Peter

Brush. That's a very appropriate name because he did brush off these issues. And this has been a watershed change in attitudes since being here.

This is your 10th meeting, and I've read quite a few of these transcripts or at least part of them, and they're all very compelling.

I've spent the last three and a half years monitoring the Pantex nuclear weapons plant and DOE nuclear weapons complex. But these comments only reflect my own opinions.

What I want to say is five things that need to be done here. First, you need to change how

83

public affairs operates.

Pantex spends \$650,000 a year on public affairs programs, and DOE directs it. To enhance public trust and gain a positive approval rating, that's not a good means towards informing the public because, by definition, you're going to hide embarrassing information. And that has happened for decades.

It's brutally difficult for people affected by Pantex operations to get a fair hearing, whether they're workers or nearby residents.

I saw this during the W-55 administrative law hearing. I saw this during the Delores Foster case, even though she had an excellent lawyer. I see it every day out there.

It isn't that it's bad people; it's a bad system that does not reward good people.

The department's attitude about shifting the burden of proof from the victim to the government is a good start in amending this record.

Another good start would be to shift from inconclusive epidemiological studies on health to real medical monitoring accompanied by intensive training for physicians so that they can more readily recognize possible linkages of birth defects, cancers, lung diseases, neurological disorders to environmental and

84

workplace factors.

In other words, DOE's future public affairs efforts must focus on better training and providing real information, not on public relations, not on big two-page ads in the Amarillo Globe News and not on fancy dinners for the Harrington Cancer Center. What we need is real government.

DOE must admit what it does not know. That's secondary. Tritium is the primary hazard within Pantex for the workers. It's very hard to monitor. It's been monitored poorly in the past.

There was no monitoring for tritium prior to 1976. After that, there was off and on monitoring. Ironically enough, after the 40,000 curie release in 1989, the number of people being monitored jumped from about 500 to 2500. Only after there was an accident was there concern.

But when you monitor 2500 people, the

statistics reflect it. They go down. There's a lot less people getting doses. Therefore, the average dose is lower.

The third thing is extend the medical monitoring opportunities and benefits beyond workers. Workers are not the only people contaminated by the weapons operations.

85

And I have to disagree with one thing Dr. Michaels said. There is a case in Oak Ridge where a spouse has berylliosis. It was in the beryllium -- the new rule that was put out in March of last year.

A spouse got berylliosis pretty much from washing his laundry. And workers bring toxins home in their bodies, on their work clothes, and possibly contaminating innocent family members and their children.

We don't know it hasn't happened here because they haven't looked. The opportunity to test to make sure the kids have not been misdiagnosed with asthma and people have not been misdiagnosed with other things needs to be made available.

For off-site residents, this is one of the few places where exposure to beryllium might be very real. They were blowing up beryllium in the silver bullet at firing site 23 for several years, and then they vented it.

The -- the concentrations of beryllium outside that building almost exceeded the OSHA standards. So that means they were about 2,000 times higher than what they were required to be at fence line.

I'd like to say firing site 23, the silver bullet, seems like Lawrence Livermore National

86

Lab has some kind of designs on that building, and that needs to end. That building needs to have a big cement block put over it and put to rest, and it needs to be inactivated.

You need to recognize that harmful exposures are not the relative (inaudible) either. The W-55 case showed that very accurately.

And admit that mortality studies in and of themselves are inherently flawed. The only worker study here at Pantex -- and there hasn't been an up-to-date study; the last was from 1983, and they really had to jade the statistics to make it look like everything was okay -- was a mortality study.

That means that all these people who have gotten up and talked about their illness are a positive statistic for Pantex because they didn't die yet.

Only if you die are you a negative statistic, because the only way they measure success is through death. And that's no way to measure success.

I'd like to add a few more things, and I'll give you these comments. There's a real silence here tonight. Where is Congressman Thornberry? This is his district.

And he's been one of the most silent
Congressmen, one of the only people who represents

87

defense workers who hasn't spoken up on this deal, but he sure has no problem speaking up for increasing the military budget so Lockheed Martin can blow up more missiles inappropriately and have more failed tests.

That's no problem, but he has a problem with finding funds to take care of defense workers and Gulf War veterans.

I want to say the transcripts to this should be put in every library in the area and in the reading rooms.

The ATSDR, the citizen -- the CDC did a study on birth defects in this area, addressing somebody else earlier. They found that they're above normal but wasn't related to Pantex, they said.

You need to do more -- thank you -- more education on what berylliosis is, and what is sensitization, what are the uncertainties of the beryllium test.

People -- I heard somebody earlier say he had a 2.9 out of 3. Well, if he's on steroids, it could have hit the beryllium. There's a lot of false negatives in this test.

The new beryllium rule -- just to follow up on something earlier -- is 0.2 micrograms per cubic meter. That's 0.2 micrograms per cubic meter over an

88

eight-hour period.

You can't even see it. That's how dangerous beryllium is. And they've known about this danger for 50 years, and for the management of Mason & Hanger to pretend like it's some kind of new deal, I think is criminal.

And I think a lot of what's gone on around the complex is criminal, and the Attorney General ought to take it up and fire off some indictments, because if people willingly harmed workers or anybody, they should be criminally prosecuted, just like if I hit somebody in the head.

As far as the burn pits go, 1954 to 1980 is when they operated from.

And for those people looking for good insurance, Pantex workers do make the most money here in town of anybody. I suggest you start socking some away, because the government has a history of breaking its promises.

You can ask every native American tribe in this country. This government does not treat its people well. It thinks that we're here to be regulated and that the industry is there to be served.

If anybody is interested in finding information from the Pantex Plant, I spent the last ten

89

years of my life digging into the activities of the government, and I'd be willing to help out.

I'm willing to barter or whatever. I'm in the Canyon phone book. Thank you.

MR. GEORGE: Thank you.

Okay. After Ms. Brown, I'd like to have Ted Shutt on deck. Ted, are you still here?

MS. BROWN: My name's Marta Brown. I am the wife of a Pantex worker that died of cancer.

The thing that I would like to see DOE do is do a study, a fair, aboveboard, across-the-board study of the cancers that are -- of the ex -- the Pantex employees and the ex-employees, whether they're alive or dead, of how much cancer is there.

Then do a study about all of us that live around the plant. Find out how much. I've heard stories. Well, no, it's in the normal range.

We heard today at an earlier meeting the amount of numbers of people that have cancer around. We're listening to the people here.

One of the things that probably angered me most in dealing with anybody from Pantex is, well, what chemical are you talking about that caused your husband's cancer? Is that my job?

You're putting me on the defense. You're

90

a government agency. You know what you've done. You know what has been poured out there. I'm not saying it was done in malice.

But now the beryllium's stuff's coming out. I know Hank was probably around it. How do I prove it? I can't.

This was a 56 year-old man that was extremely, extremely athletic. We're involved in search and rescue. He was on a search a week before we found about it. Seven months later, he's dead.

And the thing that they told me here, we've never seen cancer that goes this quick; we don't understand it.

Of course, we also were living right there. We were also drinking the water. We live a mile from the plant. That's all I have to say.

MR. GEORGE: Thank you.

After Mr. Shutt, how about a Rick Richie? Is that you, Rick? Okay, thanks.

MR. SHUTT: Good evening. My name is Ted Shutt. I'm a former worker at Pantex, retired, worked from 1979 through 1998, worked for -- with all types of radiation, beryllium without any -- ever being offered any type of protection back in the early -- or late seventies and eighties.

91

And I thought when I left there, I was as healthy as a horse. Didn't know I had anything wrong with me.

In 1999, December -- this past December, I had a lobectomy done, give part of my lung up. That's with -- I guess with the past history, it probably led to that, I would think.

But that's my story. Appreciate it.
Thank you.

MR. GEORGE: Unless there are other speakers, here comes -- let me try this one more time. Is that a Channg, C-h-a-n-n-g, Wood?

They checked other, so I'm not sure if they're a retired worker, former worker. Nobody with the last name of Wood?

And how about Adelaide Mayhew? If Adelaide is here, you will be on deck. Okay. Thank you. It's all yours, sir.

MR. RICHIE: My name is Rick Richie. Ray Richie was my dad, and he passed away March the 10th of this year.

And two weeks later, we get this letter about being tested for beryllium. Everybody says he's got emphysema, they tested him early. January, got bad.

We had a doctor approved here in town,

92

which, in my opinion, is a joke. And I want to know why we can't get these people -- our doctors are supposed to be -- or our Diagnostic Clinic and all this testing for this.

I can't even get Dr. Bruton to call me back now. When I get this letter, I said, did you ever check this? He won't call me back. He works at the Diagnostic Clinic.

Alan Kinkade called me back and he says, well, Bruton, in his opinion -- Bruton never give the man an x-ray, nothing.

My dad had every symptom of the rash. And then every -- respiratory therapist looks at him and says, are you coughing up stuff. He never had a cough that he coughed up anything. It was a dry, harsh cough.

They said, okay, we can -- Dr. Bruton comes in, we can probably fix this breathing stuff but we've got to check your heart first.

Friday, they go in and they do a heart cath and all this stuff. Heart doctor says, you're fine. Bruton walks in, says, we're going to give you this medicine and we'll start it on the way.

That Friday -- they let him out of the hospital Saturday morning, Friday morning, I carried him to the hospital. The next week, he dies.

93

And I can't get any answers from the hospital, for records. I've talked to Pantex, my mom has, because he was hurt out there and was off for six weeks, went back to work in the labor pool.

A few months later, he's laid off due to reduction in force because he was an electrical inspector out there.

And I can't get any records from out there about how he was hurt. He never would say.

They said something -- he went to the doctor then. He had some kind of swelling in the back of his head. They diagnosed it as Parker -- or some

kind of generic (sic) deal.

Well, when they run a CAT scan on him here not too long ago about his other stuff, it's not even there. Doctor says, he's never -- I don't see any of it.

And when she tried to get this, we can't get any records from none of it. And I still don't have records from any doctor in Amarillo of what happened to him.

They won't give you an answer. It's, this doctor's got to sign it; this doctor's got to sign it.

I mean, we need to inform our doctors in

94

Amarillo what to look for, I mean, if we have lung problems with beryllium and we don't have a doctor in town looking for it until you take a paper and say, test me.

I mean, two weeks was a little late. I mean, he went from being normal in one year to being in an electric chair with oxygen. That's all I have.

MR. GEORGE: Thank you.

Are there any other speakers? Because I'm down to the last card.

Ms. Mayhew, you can go ahead and take off, and we'll put this gentleman on deck.

MS. MAYHEW: If it's all right, Brenda's going to speak for me.

MR. GEORGE: Okay. Just please speak into the microphone.

MS. BRITTEN: This is Mrs. Don Mayhew, and I worked with her husband.

And we were in a tritium accident on building 12-26 on night shift. And later, when the TIGER team came -- I think that was in 1989, but I would have to check my records.

But later, when the TIGER team came and did some checking on our plant, they could find no comments in my medical record or Don's that the accident

95

had ever happened.

And the man that was over the TIGER team at the time told me that that was why they had fired Dr. Kelly was because they found so many gross negligent problems where it seemed that records had been -- had been removed from employees' files to protect the company.

Don died of a very tragic case of cancer after he suffered cancer that started in his bladder. And they tell us now, and now we begin to understand, that tritium seeks water.

And the first -- and he and I were in a bay working in 12-26, I think bay 17 or 19, and the alarm went off next door, the tritium alarm.

And we stepped out -- and we put our work down and stepped out in the hall. And the supervisor, Joe Davis, came riding by on his bicycle and said, false

alarm, y'all; y'all go back to work.

So we went back in the bay. And we were running 83s, and they were huge, monstrous, monstrous units. And we had, like, four or six of them in the bay. And we had large voices (sic) going, and it was extremely loud.

And we did not know that everybody evacuated the building, but we were left in there.

96

And the building was sealed off. All the people left and went to medical. And then the building was -- the doors were opened to the outside and it was aired to the outside.

And we were not found until the guards came into the building after it'd been airing for a certain amount of time and was considered cleared.

Some guards came in the sealed doors and found us working. And they were horrified. And we had been there through the whole accident.

There were never any records. Don and I did go to medical, and we did have urine tests. And the people in medical didn't know how to run a urinalysis. They did not know how to check for this.

There were no safety people at the plant at night. They called people from town. They called engineers and safety people from town, and those sorry son of a guns sat there griping because they had to come out at 10:00 or 11:00 to help us, but they didn't even stay out there at night.

The company didn't even consider it important enough to have safety or management people there to help us in case of an accident.

Anyway, Don had bladder cancer that went to the bone. He had numerous surgeries. His bladder

97

was removed. He went through hip replacement and on and on, with a myriad of surgeries and procedures.

He underwent all the traditional cancer procedures. His suffering was extreme.

She just learned several days ago -- Ms. Mayhew just learned several days ago that Don was in this tritium accident in building 12-26 on the night shift.

He did he not tell her because of the secrecy at that time. He never spoke about it to his family.

After she sat through this meeting, she now believes that this radioactive gas was what caused his primary cancer. And in his honor, she wanted to have her husband remembered and the cause of his cancer exposed. Thank you.

MR. GEORGE: Okay. Sarah, you'll be on deck after Mr. Tolley.

MR. TOLLEY: Doctor, my name is Robert Tolley. And I went to work at Pantex in 1958. I'm now retired. I retired the 17th of January this year.

All these people that have got up here

and talked, I know all of them. All of the circumstances and the incidents that they have described, I was there when they took place.

98

There's a whole lot of people that are dead and gone that would sure like to get up here and say some of the same things that these other people have said, but there's no one to speak for them.

I've seen things happen at Pantex that most people wouldn't even realize. We've done things that, when we asked why we weren't told, I was told, we weren't required to tell you.

All of this contamination in the water system that's out there now, it's nothing new. We talked about it years ago. Why are we dumping this stuff on the ground? Why are we washing it out of the buildings with water hoses, opening the doors and pushing it out with a squeegee? And people are working in the building at the same time.

One more thing that I don't know if any of these people or you, either, realize it, but as far as I know, there's nothing wrong with me that I got at Pantex except physical injury.

But everybody that's exposed to radiation or chemicals, because of their physical makeup, they look at me and they say, why don't you have it?

The reason I don't have it is because my immune system wasn't in the same condition that theirs was in.

99

That's one thing that everybody don't realize. And I've been asked many times, how have you gone this far without having any of these things wrong with you?

Well, I may have them; they just haven't showed up yet. In the future, we don't know. But there's no records, there's no scorekeeping today to let me know later on.

And these missing records that people have talked about, some of mine are missing too.

And I think it would do you -- if you really want any information about the happenings that have gone on before all this documentation started taking place, along about 1990, if you would get about a dozen of these old hands that I worked with that are still living -- and I see some of them out here tonight -- get us in a room where we could talk and we won't have to worry about saying something that's confidential, we can tell you stories that you won't believe yourself.

And I hope that I've said something that will help the future workers at Pantex. Us old boys, we're about gone anyway. There's still a lot of young people out there that need your help. And I thank you.

MR. GEORGE: One more call for any other

100

speakers. Let's go.

MS. DWORZACK: Okay. I am Sarah Dworzack Ray, and this was a very hard decision, something very difficult for me to do.

My husband, Michael Dworzack, was about a 30-year employee at Pantex. He was an electronics engineer. He was a very talented young man who died of lung cancer just three months after his 55th birthday. And I believe that his death was related to his employment at Pantex.

DR. MICHAELS: I think that's all. Can people speak again? It's almost 10:00 o'clock. Let's -- if a couple of people want to come and speak again, that'd be fine.

MR. GEORGE: Let's do this. Does anybody that has not spoken tonight want to speak? And if there's none of those -- I'm sorry. Yes, ma'am.

UNIDENTIFIED SPEAKER: In the paper, the little article that went out in the newspaper said about 7300 people had received letters concerning conditions and --

MR. GEORGE: Let's -- do me a favor. Come right up here to the microphone and ask your question into the microphone so everybody can hear you, if you don't mind.

101

UNIDENTIFIED SPEAKER: This is a paper, Amarillo Globe News, Monday, June the 12th, 2000. And in the paper, it mentioned that 7300 former Pantex employees were notified of some screenings.

And I just -- some of them weren't notified. So how did they know who to notify and why weren't some of them notified? Would you like to read this?

MR. GEORGE: No, ma'am. I'm aware of one initiative where there was a letter that went out to the former workers, and I think one of these guys will have to answer it. It's beryllium.

DR. MICHAELS: I can't tell you why some people were and some people weren't.

UNIDENTIFIED SPEAKER: So those that were not --

DR. MICHAELS: But that wasn't for this meeting; that was for a beryllium screening.

UNIDENTIFIED SPEAKER: Well, some of them might need to be screened, and then they're not screened and they didn't get a letter.

So we need to know how they can get a letter. Or why were they chosen and others weren't? Was that because some of the records at Pantex were lost and they didn't have anyone's name?

102

DR. MICHAELS: I don't think anyone is here who was in charge of sending that letter out, so I probably can't answer that.

UNIDENTIFIED SPEAKER: So who do we call about this, since we need some letters also?

MR. GLENN: I'm not sure.

UNIDENTIFIED SPEAKER: The phone number on the letter is 806/447-3756, the number that's on this letter.

UNIDENTIFIED SPEAKER: And who do you ask for? Who? On that phone number, who do you ask for?

UNIDENTIFIED SPEAKER: Does not say.

UNIDENTIFIED SPEAKER: Okay.

UNIDENTIFIED SPEAKER: It's a confidential toll-free hot line.

UNIDENTIFIED SPEAKER: Oh, okay. I think I did read that confidential number on the hot line.

Okay. That's what I wanted to know, because it was in the paper and I knew a lot of people didn't get the screening letters. Thank you.

MR. COX: I don't have any speeches to make today. I just need a little information.

I'm Jim Cox, and I retired in January 1997 after about 16 years out there.

I got a note from Oak Ridge about this

103

thing, filled out a questionnaire and so forth, been trying to find out if I'm in the system.

I hope I don't have any contamination, but I want to find out. Is there any way that an individual -- is there a local laboratory, anyplace locally that a person can go on his own for a test to see if he is sensitive to beryllium?

I've worked with it, I was exposed to it, was lied to about it, but just for my own satisfaction, I'd like to know if I have been sensitized with it. I'll pay my own expenses, whatever it takes.

DR. MICHAELS: It's my understanding there are very few labs in the country that would do -- that can do this test.

I think there are some. I don't know that there are any, particularly, in the Amarillo area.

We use (inaudible) to coordinate it, and there are a few labs in the country. The closest well known one is associated with National Jewish Hospital in Denver.

I think you could probably contact them directly if you want to get your own test without going through DOE.

That would be my recommendation. I wouldn't use a local provider here. I don't think

104

you -- I think there may be people who will say, yes, we'll do the test for you, but I wouldn't trust them to do it.

MR. COX: I understand. Thank you very much.

DR. MICHAELS: I'd just like to thank everybody for coming and especially thank people who got up and spoke.

I think speaking in public, in general, is difficult for many of us, and particularly, speaking about personal issues and issues of people that have --

you know, their health and issues that they may fear retaliation is extremely difficult.

I'm very grateful for all of you who came up and talked.

As we said, the transcript will go on the web site. You've heard other people talk about them. They're very well read, and members of Congress have pulled them down and read them. They've been very powerful in moving all of this forward.

Your testimony today will help us and help the Secretary of Energy develop a program that will be of assistance, we hope, to all of you. And again, thank you for coming.

105

STATE OF TEXAS

REPORTER'S CERTIFICATION

I certify that the foregoing is a true and correct transcription, to the best of my ability, of the proceedings at the Department of Energy Public Meeting held on June 29, 2000.

Given under my hand and official seal of office on this the 20th day of July, 2000.

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